Minimally Invasive Surgery Offers Promise for Pancreatic Cancer Patients

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Michael McCannel

Andrew Schorr: Hello and welcome to Patient Power. I’m Andrew Schorr. This program is sponsored by the Seattle Cancer Care Alliance.

Well, as you may know, one of the most serious cancers, one of the most deadliest cancers, is pancreatic cancer, and when you get diagnosed with it, it is a shocker. But there is hope. They’re improving procedures for it and trying to perfect better medicines, and we have people to thank who are going through treatment who participate in clinical trials.

I want to introduce you to a Seattle Cancer Care Alliance patient who is in a clinical trial and who has hope for a longer life and can really describe for other people, our listeners, what this whole experience is like. So joining us is 75-year-old Michael McCannel, who is from Bellevue Washington, a retired lieutenant colonel in the American armed forces. Michael, thank you so much for joining us.

Michael: You’re welcome.

Andrew Schorr: 75 years young, but let’s go back a few months ago. You went to your primary care doctor, how come? Why did you go?

Michael: I was just simply feeling crappy, didn’t know why or anything else, and so I went to my primary care physician, who I have the utmost confidence in, and she kind of took it from there.

Andrew Schorr: And unfortunately where it took it, I know you had an endoscope procedure and a bile duct was clogged, and that doctor sees a tumor.
Michael:
He does, yes.

Andrew Schorr:
And so they tell you that you have cancer on your pancreas. That would be just devastating news to anyone.

Michael:
Yes, and they told me the approximate size of it and so on, but I don’t know whether I was numb at the time when I was told or not, but I didn’t have this huge amount of fear that sometimes is attached to cancer, and probably because I got it at a reasonably, reasonably early stage in the whole process.

Andrew Schorr:
Mm-hmm. You were referred pretty quickly to a pancreatic cancer specialist, who we’ve also interviewed, Dr. Venu Pillarisetty at the Seattle Cancer Care Alliance, who is an oncologic surgeon who specializes in the treatment of this, and he’s also been investigating the immune responses related to it. So you got to somebody who this is what they do, and that must have given you some confidence that you were at the right place.

Michael:
Very, very definitely, yes. Dr. Pillarisetty is--was just one of those superb individuals who was extremely skilled on top of all of that, which was an extra bonus really. And what the heck do I know whether he’s really good or not, but I got through the whole process, and I got through what I consider extremely well.

Andrew Schorr:
We’re going to go through the process. We should mention, though, that part of it is surgery, and you had surgery in March, which as we record this is, what, about three months ago, March, April, May, June, four months ago, and how are you now? How are you doing?

Michael:
I’m doing pretty well. I’m still weak, relatively weak prior to beginning this discovery of cancer, and it’s bothered me a little bit because I’ve always been a pretty active person. However, my wife and I, she pushes on me, and we get out and we walk almost every day, and so I’m a little slower than I used to be, and it’s just going to take a little bit longer to get back to where I would like to be.

Andrew Schorr:
Sure, but you visit friends, and you’ve got your 14-year-old grandson and your children, so you continue with your relationships. You’re not stuck at home.

Michael:
Oh, absolutely. And I’m probably--every now and then I’ll start feeling sorry for myself, maybe the chemical has hit me for whatever reason a little harder, and I’ll--I’ll feel sorry for myself and try to stay in. And fortunately I’ve got an extremely good partner, and she pushes and prods, and that’s the whole secret to the thing. You’ve just got to keep working on getting out and leading a relatively normal life.

Andrew Schorr:
And that partner is Lilia your wife of 51 years?

Michael:
That’s correct, yes.

Andrew Schorr:
All right. Now, let’s go back over the treatment. We should mention, and I said it at the outset, that really to help yourself hopefully, but to help others, you opted to be in a clinical trial at the Seattle Cancer Care Alliance, which is a renowned research center, and we talked about Dr. Pillarisetty as a specialist in pancreatic cancer, and why did you do that? Why did you opt to be in a clinical trial? And then we’ll describe what it is.

Michael:
My thought process was that you hit the cancer so that the little cancer cells don’t start wandering around and getting out of containment as quickly as possible, and that isn’t by doing surgery. That’s by doing chemo and also some radiation. I had the surgery after that and then more chemo after the surgery. So my thought process was just to try and reduce the chance of some of the cancer cells escaping to other parts of the body where they then are hard to gather up.

Andrew Schorr:
Exactly. Now, let’s describe that. So you had four months of chemotherapy and some radiation. Then you had surgery, and then, and you’re still having it, continuing with some chemotherapy. So kind of a three-step process with surgery in the middle.

Michael:
Yes. And the chemo that I’m doing now is really a smaller dose and less of it than what I had at the very beginning in the first four months.

Andrew Schorr:
Mm-hmm. Let’s talk about the surgery and our video interview with Dr. Pillarisetty describes it. What he’s perfected is a way to make some of it less traumatic, if you will. I mean, the so-called Whipple procedure, which is your best chance of a cure in pancreatic cancer is probably the biggest abdominal surgery, as you know, Michael. And so typically it’s been an open surgery, but what he’s been doing, and it’s a long surgery, is to do some of it laparoscopically, and that offered you some benefit, didn’t it?

Michael:
It certainly did. I was out of the hospital probably at least two or three days earlier just because he used the laparoscopic surgery, and my incision was relatively small. It was like three or four inches in length as opposed to nine or 10 inches in length, which I guess it used to be.

Andrew Schorr:
Wow, yeah, absolutely. It’s a major surgery. They’re doing a lot of work in there. And so the other part of it was trying to have someone go home with a lot less need for pain medicine. So how did it work out for you?

Michael:
It’s a mindset more than anything else, I suppose. I never particularly liked pain medicines, and I probably took a little bit of it while I was in the hospital for four or five days, however when I got home I was off it within a day or two at the very most and just never used pain medicine again.
Andrew Schorr:
And part of the idea is also to have someone recover from the surgery so that they can get back to that third step, the chemo again to do exactly what you were describing, and that is try to go after the cancer cells that could be floating around the body somewhere. So that surgical approach that he did tried to expedite, if you will, you getting on with your care, and you understood that.

Michael:
Yes. I think that was an integral part of the whole process. I did have almost a month between the end of my first chemo and the actual surgery, and then a month after the surgery to try to recuperate before I began the chemo again.

Andrew Schorr:
Michael, so here you are, you’re 75 years old. You’ve gone through a lot of treatment, you’re still in it, and it’s a serious diagnosis. There are people listening who maybe were just diagnosed, and everybody is different, but what would you say to them as far as getting good care and an outlook as far as approaching every day?

Michael:
Well, you definitely have to be positive about it. I have never thought about this as being a debilitating disease even though it certainly could be. I’ve just always tried to be positive. And the second major thing and probably even more important is a caregiver. If you can find a caregiver like I have and just such a superb person and such a positive person, that’s probably surmounted everything that possibly could get thrown at me.

Andrew Schorr:
And how do you think about tomorrow or the future? How do you think about it?

Michael:
I think of it probably no differently than I did before I knew I had cancer. Nobody knows when their last day on earth is going be around here-you don’t necessarily live for each day. You got to plan ahead a little bit, and I continue to do that, just live my life fairly similarly to before I knew I had cancer.

Andrew Schorr:
Well, Michael McCannel, we wish you all the best with Lilia and your children and grandchildren. I want to thank you for participating in a clinical trial, and also I’m really glad, and I think the lesson for so many people is with a serious diagnosis like you have had, you got to a subspecialist for that illness, an institution where they’re also doing research in it to give you the best shot at a longer life. So I feel you made a lot of good choices. What do you think?

Michael:
Absolutely. In retrospect, I am very happy with the choices that I have made so far.

Andrew Schorr:
Okay. Well, all the best to you, Michael and to Lilia. Thank you so much for participating.

And I just want to remind our audience that we have our interview on video with Dr. Venu Pillarisetty, that is Michael’s doctor, and he describes all this from the physician’s perspective and
the researcher’s perspective, and I think together it will be very helpful to people. But thank you, Michael, for inspiring others as well.

**Michael:**
Thank you very much, Andrew. I enjoyed the interview.

**Andrew Schorr:**
All right. Andrew Schorr here. Thanks to the Seattle Cancer Care Alliance for all they do. For our audience, remember, knowledge can be the best medicine of all.

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